



FOUNDATION *for* CALIFORNIA  
COMMUNITY COLLEGES

**CALIFORNIA DEPARTMENT OF REHABILITATION  
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES  
SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS) 2021  
FINAL GRANT EVALUATION FORM**

Organization (Applicant) Name:

Address:

Designated Contact Person and Title:

Phone:

Email:

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- 1) Please complete the following table. Include the following information: planned number of SWDs to be served, actual number of SWDs served, total training hours planned, total training hours actual, total work experience hours planned, total work experience hours actual, total funding granted, total funding used. You may add additional lines to the table as needed.

Category	Planned	Actual
SWDs (to be) served		
Total training hours		
Total work experience hours		
Total Funding		

- 2) Please provide a brief narrative of no more than two (2) additional pages that summarizes the outcomes and activities of your grant. Include information on the amount of your total grant that was expended, a demographic summary of your SWDs served, a summary of the types and amounts of training provided to your SWDs, and summary information about both the schools that your SWDs came from and the

employers they worked with. Please also discuss any new partnerships that were developed in this process. You may also include lessons learned and/or highlight the successes of the grant for your SWDs.